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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 3.0-041 In Re Application Of: Makato Katsu et al Application No. Filing Date Customer No. Group Art Unit Confirmation No. Examiner 10/550,772 02/08/2006 2859 1810 Title: Foot Tilt Angle Measuring Method... JAN 0 8 2007 Address to: **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450 37 CFR 1.97(b) The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 37 CFR 1.97(c) The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: ☐ the statement specified in 37 CFR 1.97(e); **OR** the fee set forth in 37 CFR 1.17(p).

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| as describe Chamber Chamber Chamber Payment by WARNING | or is hereby authorized below. arge the amount of edit any overpaymen arge any additional for credit card. Form Parting on this | | dit Deposit | redit card info | ormation should on PTO-2038. | I not be | | | | | | |
| Certifice I certify that this account is bein Patent and Trad (Date) | Certificate of Mailing by First Class Mail I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 01/02/2006 | | | | | | | | | | | |
| | Signature | | Signature of Person Mailing Correspondence | | | | | | | | | |
| | Signuiure | | son mauing Correspo 18el E. Zall | maence | | | | | | | | |
| Typed or Printed Name of Person Signing Certificate Typed or Printed Name of Person Mailing Certificate | | | | | | | | | | | | |
| *This certific deposit according Michael E. Zall Reg. No. 27,023 Attorney for Applic Two Yorkshire Dr. Suffern, NY 10901 (845) 357-4533 | Signature | if paying by | Dated: | 01/02/2006 | | | | | | | | |
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